



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

2003 JUN 27 AM 9:13
SECRETARY OF STATE
STATE OF IDAHO

- The assumed business name which the undersigned use(s) in the transaction of business is:

DANG

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>Amanda Folden</u>	<u>W 6238 Harbor Dr.</u>
	<u>Cl'A ID 83814</u>

- The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

- The name and address to which future correspondence should be addressed: Phone number (optional): _____

~~DANG~~ Amanda Folden
W 6238 Harbor Dr
Cl'A ID 83814

Submit Certificate of Assumed Business Name and \$20.00 fee to:
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

25.00

- Name and address for this acknowledgment copy is (if other than # 4 above):

Amanda Folden
W 6238 Harbor Dr
Cl'A ID 83814

Signature: [Handwritten Signature]

Printed Name: Amanda Folden

Capacity: president/owner

(see instruction # 8 on back of form)

Secretary of State use only

Revision 12/99

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IDAHO SECRETARY OF STATE
06/27/2003 05:00
CK: 1206 CT: 158010 BH: 600306
1 @ 25.00 = 25.00 ASSUM NAME # 2

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